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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						Application Number <i>10/748450</i>	Filing Date
Substitute for Form PTO-1360 (For use with Form PTO/SB/06)						Applicant(s)	
<i>6/13/04</i>						* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* Indep Depend Indep Depend Indep Depend
	Indep	Depend	Indep	Depend	Indep	Depend	
1							51
2							52
3							53
4							54
5							55
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48							98
49							99
50							100
Total Indep	<i>3</i>						Total Indep
Total Depend	<i>72</i>						Total Depend
Total Claims	<i>75</i>						Total Claims

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